



Janet W. Wallace
Director

**ADA COUNTY
JUVENILE COURT SERVICES**

6300 W. Denton Street
Boise, ID 83704
Phone: 208-577-4800 Fax: 208-577-4809

*Community Justice/
Victims First*

Administration
Detention
Probation
Programs

WHAT IS MY OBLIGATION FOR FEES AND/OR RESTITUTION AND HOW DO I PAY?

Your obligation for court costs and/or restitution was ordered per the Decree you were given in court. If you were ordered to pay restitution and the dollar amount was not ordered on the Decree, that dollar amount will be ordered at your Restitution Review, Restitution Hearing, or Mediation appointment at a later date.

You may report to the receptionist and pay in full today. Please ask the financial office to verify what your total is. You are responsible for all court costs ordered per the Decree, and all restitution ordered per the Decree, Restitution Settlement, or Mediation agreement.

If you are unable to pay in full you must complete the financial obligation forms and the financial office will determine a monthly payment suitable for your current financial situation.

If you choose to complete the financial obligation forms, you must disclose all financial information. This includes the completed financial forms, your last two pay stubs, and your most recently filed income tax return. You may ask the financial office for help in completing the forms. Incomplete financial forms will not be considered.

Until you return the financial forms, your balance will be due in full as stated in your "Notice of Balance Due."

Once the financial office receives your financial forms an amended order with your monthly payment schedule will be issued and sent to you.

IT WILL BE YOUR RESPONSIBILITY TO MAKE SURE THE FINANCIAL OFFICE HAS YOUR CURRENT ADDRESS AT ALL TIMES.

Failure to pay in full or complete the financial obligation forms and pay according to your payment schedule, will result in this matter being brought back before the court. This could result in a probation violation for the juvenile defendant and a contempt of court for the parent(s).

The maximum penalty if found in contempt of court is five (5) days in jail, or a five thousand dollar (\$5000.00) fine, or both.

**Financial Office:
208-577-4814 Sara Hudson**

ADA COUNTY JUVENILE COURT SERVICES

AFFIDAVIT AND FAMILY FINANCIAL STATEMENT

WARNING: It is a felony to intentionally submit false information to a Court.

PARENT INFORMATION			
Name: (Last, First, Middle)			
Date of Birth:		Social Security Number:	
Current Mailing Address:			
Home Phone:	Work Phone:	Message Phone:	
Driver's License Number:	State Issued:	Expiration Date:	
DEPENDENTS			
Self (age): _____		Spouse (age): _____ Child (age): _____	
Child (age): _____		Child (age): _____ Child (age): _____	
Other (age): _____		TOTAL NUMBER OF DEPENDENTS: _____	
Employer: (Name and Address)		Supervisor's Name:	Length of Employment:
JobTitle:		Hours worked per week:	Hourly pay rate:
SPOUSE INFORMATION			
Your spouse is this juvenile defendant's:			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other: _____			
Name: (Last, First, Middle)			
Date of Birth:		Social Security Number:	
Home Phone:	Work Phone:	Message Phone:	
Driver's License Number:	State Issued:	Expiration Date:	
Employer: (Name and Address)		Supervisor's Name:	Length of Employment:
JobTitle:		Hours worked per week:	Hourly pay rate:

MONTHLY INCOME RECEIVED		MONTHLY EXPENSES PAID	
Net Income (Parents)	\$_____	Mortgage or Rent	\$_____
Net Income (Defendant)	\$_____	Electricity	\$_____
Unemployment	\$_____	Gas	\$_____
Welfare	\$_____	Phone	\$_____
Social Security	\$_____	Water	\$_____
Retirement/ Pension	\$_____	Sewer and Garbage	\$_____
Child Support	\$_____	Other Utilities	\$_____
Alimony/ Maintenance	\$_____	Vehicle Loan	\$_____
Disability	\$_____	Vehicle Loan	\$_____
Veteran's Benefits	\$_____	Vehicle Insurance	\$_____
Interest	\$_____	Life/ Health Insurance	\$_____
Dividends	\$_____	Student Loan	\$_____
Other:	\$_____	Medical Bills	\$_____
Other:	\$_____	Child Care	\$_____
Other:	\$_____	Child Support	\$_____
Total Monthly Income	\$_____	Food	\$_____
		(\$150/mo. per each parent and for each dependent under 18 yrs.)	
Savings Acct. Balance	\$_____	Other:	\$_____
Savings Acct. Balance	\$_____	Other:	\$_____
Checking Acct. Balance	\$_____	Other:	\$_____
Checking Acct. Balance	\$_____	Total Monthly Expenses	\$_____

JUVENILE DEFENDANT INFORMATION			
Name: (Last, First, Middle)			
Date of Birth:		Social Security Number:	
Current Mailing Address:			
Home Phone:	Work Phone:	Message Phone:	
Driver's License Number:	State Issued:	Expiration Date:	
Employer: (Name and Address)		Supervisor's Name:	Length of Employment:
JobTitle:	Hours worked per week:	Hourly pay rate:	

Dear Parent(s):

The responsibility of the court ordered restitution and fees is the joint obligation of the defendant and parent(s), pursuant to Idaho Code Section 20-520 (3). Parent(s) will remain jointly obligated for this debt until it is paid in full.

ALTERNATE CONTACT INFORMATION		
Full name and address of nearest relative not living with you:	Relationship:	Phone Number:
Full name and address of nearest relative not living with you:	Relationship:	Phone Number:

I swear (affirm) under the penalty of perjury that the preceding information is true and correct. I understand that providing false and/ or incomplete information to the Court may result in further legal action against me. The Court has my permission to make any necessary inquiries to verify the information provided and to obtain any additional information required by the Court.

Parent Signature

Date

Parent Signature

Date

Defendant Signature

Date